DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 01/29/2014 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/S | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 000407 | B. WING | | 01/17/2014 | | |
| | DALIBER AR ALIBOUTE | 09G107 | B. VVIIVO | | TREET ADDRESS, CITY, STATE, ZIP CODE | 1 017 | 11/2014 |
| NAME OF PROVIDER OR SUPPLIER WHOLISTIC 06 | | | | 71 | 129 7TH STREET, NW VASHINGTON, DC 20011 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (XS) COMPLETION DATE |
| W 368 | January 15, 2014 the sample of three clie population of six mintellectual disabilitic conducted utilizing process. The findings of the observations, interval administrative reconstructions of the observations, interval ampear throughout. Trained Medication Group Home for In Disabilities - GHIID Physician's Order-Medication Administrative and Care Physician's Order-Medication Administrative Care Physician's Order-Medication Care Physician | rvey was conducted from hrough January 17, 2014. A ents was selected from a ales with varying degrees of les. This survey was the fundamental survey survey were based on views and review of client rds. re abbreviations that may the body of this report. Employee - TME dividuals with Intellectual POS stration Record - MAR ician - PCP IG ADMINISTRATION g administration must assure dministered in compliance with ers. s not met as evidenced by: tion, interview and record illed to ensure that each client ins in accordance with the celients residing in the facility. | W | 368 | Department of Health Regulation & Licensing Ad Intermediate Care Facilities 899 North Capitol St., Washington, D.C. 20 | ininietration Division N.E. | pn n |
| LABORATORY | DIRECTOR'S OR PROVI | DER/SUPPLIER REPRESENTATIVE'S SIG | NATURE | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 09G107

If continuation sheet Page 1 of 3

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | (X3) DATE SURVEY COMPLETED | |
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| | | 09G107 | B, WING | | 01/17/2014 |
| NAME OF PROVIDER OR SUPPLIER WHOLISTIC 06 | | | 7 | STREET ADDRESS, CITY, STATE, ZIP CODE 7129 7TH STREET, NW WASHINGTON, DC 20011 | |
| WHOLIS (X4) ID PREFIX TAG W 368 | Continued From pa On January 15, 201 TME was observed medications. At 8:2 observed to adminit Clonazepam to Clie On January 16, 201 client's POS and Marevealed an order to bedtime. Continued was not signed for to which indicated that administered at bed On January 16, 201 medication bubble prequest. The client's bubble pack, which on January 15, 2014 During an interview | 14, beginning at 8:18 p.m., the preparing Client #1's evening 1:3 p.m., the TME was then ster Depakote, Seroquel and ent #1. 4, at 9:00 a.m., review of the AR dated January 1, 2014, and administer Zyprexa at review revealed that the MAR the administration of Zyprexa, client #1's Zyprexa was not litime. 4, at 3:10 p.m., Client #1's packs were observed upon a Zyprexa remained in the was dated to be administered 4. on January 17, 2014, at 10:10 | | washington, DC 20011 W 368 - The facility's Licensed Practical Nurse (LPN) all Trained Medication | and a decision and a decision and a decision are a |
| W 369 | sleeping; therefore, administer the Zypre interview revealed to or the PCP. At the time of survey client's received the with their POS. 483.460(k)(2) DRUCThe system for drug that all drugs, include self-administered, a | ated that Client #1 was he [TME] decided not to exa to the client. Further hat he did not inform a nurse y, the facility failed to ensure ir medications in accordance ADMINISTRATION administration must assure | W 369 | and procedures, emphasizing reporting medication error. The facility's Incident Management Coording will on a semi-annual basis or as needed trai | ator n all 's and asis |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | 09G107 | B. WING | | 01/17/2014 | |
| NAME OF PROVIDER OR SUPPLIER WHOLISTIC 06 | | | 71: | REET ADDRESS, CITY, STATE, ZIP CODE 29 7TH STREET, NW ASHINGTON, DC 20011 | | |
| | Continued From pa Based on observat review, the facility facilient's prescribed of without error, for on sample. (Client #1) The finding includes On January 15, 201 TME was observed medications. At 8:2 observed to adminis Clonazepam to Clie On January 16, 201 client's POS and Marevealed an order to bedtime. Continued was not signed for the which indicated that administered at bed On January 16, 201 medication bubble p request. The client's bubble pack, which is on January 15, 2014 During an interview of a.m., the TME indicated sleeping; therefore, is administer the Zypre interview revealed the or the PCP. At the time of survey | ion, interview and record ailed to ensure that each lrugs were administered e of the three clients in the state of the three clients in the state of the three clients in the state of the three clients in the preparing Client #1's evening 3 p.m., the TME was then ster Depakote, Seroquel and ant #1. 4, at 9:00 a.m., review of the AR dated January 1, 2014, administer Zyprexa at review revealed that the MAR he administration of Zyprexa, Client #1's Zyprexa was not time. 4, at 3:10 p.m., Client #1's acks were observed upon Zyprexa remained in the was dated to be administered | W 369 | - The facility's Licensee Practical Nurse (LPN) all Trained Medication Employees (TMEs) had been trained on the Fire Rights of Medication: Right Individual; Right Medication; Right Dos Right Time; and Right Route. - The facility's Register Nurse (RN) shall on a quarterly basis train The and the facility's LPN the guidelines of medications administrated incident reporting policiand procedures, emphasizing reporting medication error. -The facility's Incident Management Coordinated will on a semi-annual basis or as needed train TMEs and the facility's LPN on incident management policies a procedures with emphasion reporting medication administration error. | MEs on of o2/05/14 Mes on o2/15/14 Mes on o2/15/14 Mes on o2/15/14 Mes on o2/05/14 | 1 |

Health Regulation & Licensing Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ 01/17/2014 B. WING HFD03-0137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7129 7TH STREET, NW WHOLISTIC 06 WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1000 1000 INITIAL COMMENTS A licensure survey was conducted from January 15, 2014 through January 17, 2014. A sample of three residents was selected from a population of six males with varying degrees of intellectual disabilities. The findings of the survey were based on observations, interviews and review of resident administrative records. Note: The below are abbreviations that may appear throughout the body of this report. Trained Medication Employee - TME Group Home for Individuals with Intellectual Disabilities - GHIID Physician's Order - POS Medication Administration Record - MAR Primary Care Physician - PCP Medication Administration Record - MAR 1473 1473 3522.4 MEDICATIONS The Residence Director shall report any irregularities in the resident 's drug regimens to the prescribing physician. This Statute is not met as evidenced by: Based on observation, interview and record verification, the GHIID failed to report all irregularities to the PCP, for one of six Residents residing in the GHIID. (Resident #1) The finding includes: On January 15, 2014, beginning at 8:18 p.m., the TME was observed preparing Resident #1's evening medications. At 8:23 p.m., the TME was

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| | | | TON, DC ZV | MAHINGT | ON. DC 20011 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | I 473 | The facility's License Practical Nurse (LPN | | |
| 1 473 | Continued From pa | ge 1 | 1473 | | all Trained Medication | on | |
| | then observed to administer Depakote, Seroquel and Clonazepam to Resident #1. | | | | Employees (TMEs) h | | |
| | | | | | been trained on the F | | |
| | On January 16, 201 | 14, at 9:00 a.m., review of the | | | Rights of Medicatio Administration: Rig | tht | |
| | resident's POS she | ets and MAR dated January in order to administer Zyprexa | | | Individual; Right | ,,,,, | |
| | at bedtime. Continu | led review revealed that the | | | Medication; Right D | ose; | |
| | MAR was not signe | ed for the administration of icated that Resident #1's | | | Right Time; and Right | ht | |
| | Zyprexa, which indi | Iministered at bedtime. | | | Route. | | 02/05/14 |
| | On January 16, 20 medication bubble request. The reside bubble pack, which on January 15, 201 During an interview a.m., the TME indic sleeping; therefore administer the Zypi | 14, at 3:10 p.m., Resident #1's packs were observed upon ent's Zyprexa remained in the was dated to be administered | | - | The facility's Register Nurse (RN) shall on quarterly basis train and the facility's LPI the guidelines of medications adminis. The facility's LPN at TMEs have been trainedent reporting per and procedures, with emphasis on reporting medication error. | a TMEs N on tration nd ined on olicies | 02/15/14 |
| | | | | | -The facility's Incide Management Coordiwill on a semi-annuabasis or as needed tr TMEs and the facilit LPN on incident management policie procedures, with emon reporting medicaerror. | inator al ain all ty's s and uphasis | 02/05/14 |